

MAY 16 2006



FAX COVER SHEET

Wright Medical Technology, Inc.
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www.wmt.com

Date:	May 16, 2006		
To:	Mail Stop RCE, Commissioner for Patents	Fax:	(571) 273-8300
From:	Patricia Powell	Fax:	(901) 867-4398
Number of pages including cover sheet:	12	Phone:	(901) 867-4542

Certificate of Transmission

In Re. Application of:

Keith B. Raskin

Art Unit: 3732

Application No.: 10/678,701

Our Ref.: 702.112.1

Filed: 10/03/2003

Examiner: Anu Ramana

For:

Radially Ported Needle for Delivery of Bone
Graft Material

To:

Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

I hereby certify that the following correspondence is being facsimile transmitted to the Patent and Trademark Office on this 16th day of May, 2006.

- Request for Continued Exam Transmittal Form - 2 pg.
- Fee Transmittal Form - 2 pgs.
- Amendment - 5 pgs.
- Terminal Disclaimer to Obviate a Provisional Double Patenting Rejection Over a Pending "Reference" Application - 1 pg.
- Statement Under 37 CFR 3.73(b) - 1 pg.

By:


Patricia Powell

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

130.00

Complete if Known

Application Number 10/678,701

Filing Date 10/03/2003

First Named Inventor Keith B. Raskin

Examiner Name Anu Ramana

Art Unit 3732

Attorney Docket No. 702.112.1

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MAY 16 2006**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 502795 Deposit Account Name: Wright Medical Technology

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$)

- 20 or HP = x = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer Fee

Fees Paid (\$)

\$130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 38,299	Telephone 901/867-4314
Name (Print/Type)	Shawn D. Sentilles	Date	05/16/2006

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Fee (\$)

Small Entity Fee (\$)

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Each independent claim over 3 (including Reissues)

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Multiple dependent claims

360 180

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Fees Paid (\$)

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\$130.00

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